

**DISCLAIMER:**

Hypnotherapy is in no way intended to replace or be a substitute for any medical procedures, medical care, diagnosis or medical treatment but rather an addition to your overall well-being. I am not a medical provider of any type and do not, under any circumstance, diagnose, cure or treat in any way medical conditions, illnesses, or diseases. I do not suggest replacing the treatment of a medical doctor. Should I suspect that my client is suffering from an undiagnosed illness or condition, I will immediately refer them to their primary care physician.

**CONSENT:**

Children age 15 and under require the written consent of a parent/legal guardian before commencing treatment.

I consent to the child ..... to receive counselling hypnotherapy treatment through Light the Way Counselling Hypnotherapy. I am their parent/guardian.

Due to the confidentiality of certain potential information disclosed I consent to the child ..... to receive counselling hypnotherapy treatment through Light the Way Counselling Hypnotherapy on a 1-1 basis i.e. without a parent/guardian present. I am their parent/guardian.

Date of birth, of child: month/day/year.....

Parent(s)/Guardian(s) name: .....

Parent(s)/Guardian(s) signature: .....

Therapist: Andrew Bexson, RCCH  
LIGHT THE WAY COUNSELLING HYPNOTHERAPY

Date: .....